

<i>SERFF Tracking Number:</i>	<i>PHYS-126892645</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>47226</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>PreCore</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: PreCore	SERFF Tr Num: PHYS-126892645	State: Arkansas
TOI: MS02I Individual Medicare Supplement - Pre-Standardized	SERFF Status: Closed-Approved-Closed	State Tr Num: 47226
Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized	Co Tr Num:	State Status: Approved-Closed
Filing Type: Rate	Authors: Tracy Comba, Richie Hinman	Reviewer(s): Stephanie Fowler
	Date Submitted: 11/05/2010	Disposition Date: 11/23/2010
		Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2011

State Filing Description:

Implementation Date: 04/01/2011

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 3%	Group Market Type:
Filing Status Changed: 11/23/2010	Explanation for Other Group Market Type:
	State Status Changed: 11/23/2010
Deemer Date:	Created By: Tracy Comba
Submitted By: Tracy Comba	Corresponding Filing Tracking Number:
Filing Description:	
AGENCY KINDS: P115, P192, P197, R161, R162, R179, R180, R190, R193, R194, R200, R201, R202, R203	

This filing is our annual filing of premium rates and loss ratio projections for 2011 for the above-listed kinds.

This filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format

<i>SERFF Tracking Number:</i>	<i>PHYS-126892645</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>47226</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>PreCore</i>		
<i>Project Name/Number:</i>	<i>/</i>		

closely follows the order of presentation in Section III of the NAIC compliance manual.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782 or at fax number (402) 633-1096 or at e-mail address richie.hinman@physiciansmutual.com.

DIRECT RESPONSE P192, P315, P393/R620, P393/R621, P393/R622, P397/R631, P397/R633

This filing is a combination of our annual filing of premium rates and loss ratio projections and our proposed rate revision for 2011. It has been organized into two separate sections.

The first section of this filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

The second section of this filing explains our need for a rate revision. This section also follows the order of presentation in Sections III and IV of the NAIC compliance manual.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782 or at (402) 633-1096 or at e-mail address richie.hinman@physiciansmutual.com.

Company and Contact

Filing Contact Information

Richie Hinman, Re-Rating Supervisor	richie.hinman@physiciansmutual.com
2600 Dodge Street	402-633-5782 [Phone]
Omaha, NE 68131	402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

SERFF Tracking Number: PHYS-126892645 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 47226
Company Tracking Number:
TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: PreCore
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per review of filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$0.00	11/05/2010	

SERFF Tracking Number:	PHYS-126892645	State:	Arkansas
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	47226
Company Tracking Number:			
TOI:	MS02I Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS02I.000 Medicare Supplement - Pre-Standardized
Product Name:	PreCore		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/23/2010	11/23/2010

SERFF Tracking Number: *PHYS-126892645* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *47226*
 Company Tracking Number:
 TOI: *MS02I Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS02I.000 Medicare Supplement - Pre-Standardized*
 Product Name: *PreCore*
 Project Name/Number: */*

Disposition

Disposition Date: 11/23/2010

Implementation Date: 04/01/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after April 1, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insureds shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	3.000%	3.000%	\$3,957	32	\$130,621	5.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>PHYS-126892645</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>47226</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>PreCore</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Rate Pages	Approved	Yes
Rate	Rate Pages	Approved	Yes

SERFF Tracking Number:	PHYS-126892645	State:	Arkansas
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	47226
Company Tracking Number:			
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	PreCore		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.400%
Effective Date of Last Rate Revision:	04/01/2010
Filing Method of Last Filing:	Serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	3.000%	3.000%	\$3,957	32	\$130,621	5.000%	0.000%

SERFF Tracking Number: PHYS-126892645 State: Arkansas

Filing Company: Physicians Mutual Insurance Company State Tracking Number: 47226

Company Tracking Number:

TOI: MS02I Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre- Standardized

Product Name: PreCore

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 11/23/2010	Rate Pages	P115, et al.	Other	Previous State Filing Number: Rate Action Other Explanation:	43913 Annual Rate Filing AR_2011_Rates_AG.pdf PreCore_AREAS_Agency.pdf
Approved 11/23/2010	Rate Pages	P192, et al.	Revised	Previous State Filing Number: Percent Rate Change Request:	43913 5.000 AR_2011_Rates_DR.pdf

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P115
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2010 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$327.18
	UNDERWRITTEN	\$268.17

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$327.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P197
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2010 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$308.63
	UNDERWRITTEN	\$252.99

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R161
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$63.72

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R162
AGENCY SALES
CONVALESCENT NURSING FACILITY CARE
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$89.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R179
AGENCY SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$118.38

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R180
AGENCY SALES
PART A DEDUCTIBLE REDUCTION
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	-\$41.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R190
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2010 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$60.13
	UNDERWRITTEN	\$50.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R193
AGENCY SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2010 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$111.69
	UNDERWRITTEN	\$92.95

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R194
AGENCY SALES
PART A DEDUCTIBLE REDUCTION
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	-\$39.29

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R200
AGENCY SALES
CONVALESCENT NURSING FACILITY CARE
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$89.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R201
AGENCY SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2010 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$118.38
	UNDERWRITTEN	\$98.51

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R202
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2010 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$60.13
	UNDERWRITTEN	\$50.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R203
AGENCY SALES
PART A DEDUCTIBLE REDUCTION
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	-\$36.67

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

Pre-Standardized Medicare Supplement

Area Rating Factors by ZIP Code

Agent Sold Business

AREA A		AREA F	AREA G	AREA H	AREA I	AREA J
027-029	580-589	010-016	017-019	020-022	100-102	330-333
030-039	590-599	023-028	070-073	103-104	190-191	900-918
050-059	607-629	060	080-081	111-114	334	926-928
061-067	630-659	068-069	106-108	116	482	
090-099	660-679	074-079	110	189	485	
120-124	680-699	082-089	115	192-194	941	
128-149	702	105	117-119	200		
155	705-706	109	150-152	202-205		
157-179	709-715	125-127	186-187	484		
182-183	716-729	153-154	207-214	920-925		
188	730-749	156	222-223	930-931		
195-196	750-799	180-181	320-322	933		
197	800-801	184-185	602-603	940		
199	803-819	198	606	942-946		
201	820-831	206	890			
224-246	832-839	215-219	894-895			
246-268	840-849	220-221	947-951			
270-289	854-869	327-329	894-895			
290-299	870-889	335-339	947-951			
310-319	899	342				
323-326	919	347				
340-341	962-966	480-481				
343-346	967-969	486				
348-349	970-979	600-601				
350-369	980-994	604-605				
370-385		700-701				
386-399		703-704				
425-429		707-708				
430-459		802				
460-479		850-853				
483		891-893				
487-499		896-898				
521-529		929				
530-549		935-939				
550-569		952-961				
570-579		995-999				

AREA A	AREA F	AREA G	AREA H	AREA I	AREA J
1.00	1.15	1.25	1.35	1.50	1.70

PRECORE-STD-070193

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192
DIRECT RESPONSE SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$338.56

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$359.09

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R620
DIRECT RESPONSE SALES
20% OF APPROVED WITH \$200 DEDUCTIBLE
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$312.81

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R621
DIRECT RESPONSE SALES
20% OF APPROVED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$342.07

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
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PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R622
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$566.06

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R631
DIRECT RESPONSE SALES
20% OF APPROVED WITH \$200 DEDUCTIBLE
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$262.88

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R633
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2010 MONTHLY BASE PREMIUM</u>
00-99	\$359.09

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192
DIRECT RESPONSE SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2011 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$355.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

P192-DR-AR-102810

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2011 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$377.04

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P315-DR-AR-102810

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R620
DIRECT RESPONSE SALES
20% OF APPROVED WITH \$200 DEDUCTIBLE
ARKANSAS

<u>AGE</u>	2011 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$328.45

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R620-DR-AR-102810

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R621
DIRECT RESPONSE SALES
20% OF APPROVED
ARKANSAS

<u>AGE</u>	2011 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$359.17

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R621-DR-AR-102810

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R622
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	2011 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$594.36

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R622-DR-AR-102810

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R631
DIRECT RESPONSE SALES
20% OF APPROVED WITH \$200 DEDUCTIBLE
ARKANSAS

<u>AGE</u>	2011 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$276.02

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R631-DR-AR-102810

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R633
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2011 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$377.04

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R633-DR-AR-102810